

Federal Communications Commission (FCC) Experimental Licensing System – Medical Testing License

User Manual Prepared for:

Federal Communications Commission Office of Engineering
Technology

October 2016



Completing an Application for Medical Testing License (Form 442)

Medical Testing License: This type of license is issued to hospitals and health care institutions that demonstrate expertise in testing and operation of experimental medical devices that use wireless telecommunications technology or communications functions in clinical trials for diagnosis, treatment or patient monitoring.

To apply for Medical Testing License, select the Form 442 hyperlink. The following page appears.

The screenshot shows the FCC Form 442 landing page. At the top, there is a blue header with the FCC logo and navigation links: Search, RSS, Updates, E-Filing, Initiatives, and Consumers. Below this is a yellow banner for the Office of Engineering and Technology. The main content area has a blue background with the text "This is the UAT Version of ELS." and "Dashboard For Experimental Radio Station Authorization (Form 442)". A red message states "Please select one of the below links to start the process:". On the left, there is a sidebar with "Filing Options" and "Reports" sections. The "Filing Options" section includes links for Form 405, Form 442, Form 704, and Form 703, as well as links for Special Temporary Authority, Add Attachments, Reply to Correspondence, Amend/Complete Application, Return to 158 Form, and File an Informal Complaint. The "Reports" section includes links for Application Status, Call Sign Search, Generic Search, and Point Status Search. The "Miscellaneous" section includes links for Get EIRN, ELS Notification Website, User's Manual, Get Software, and FAQ. The main content area lists "Experimental License Types:" with links for Conventional Experimental License, Program Experimental License, Medical Testing License (highlighted in yellow), and Compliance Testing License.

Exhibit 1-1: Landing Page for Experimental Licenses (Form 442)

The following fields appear:

Field	Definition
Experimental License Types:	
Conventional Experimental License	Conventional Experimental License is an option for applicants to apply, if they do not qualify for the following three license types.
Program Experimental License	This type of license is issued to qualified institutions to conduct an ongoing program of research and experimentation, under a single experimental authorization subject to the requirements of subpart E of this part. Program experimental radio licenses are available to colleges, universities, research laboratories, manufacturers of radio frequency equipment, manufacturers that integrate radio frequency equipment into their end products, and medical research institutions.
Medical Testing License	This type of license is issued to hospitals and health care institutions that demonstrate expertise in testing and operation of experimental medical devices that use wireless telecommunications technology or communications functions in clinical trials for diagnosis, treatment or patient monitoring.

Compliance Testing License	This type of license is issued to laboratories recognized by the FCC under Subpart J of this chapter to perform: (i) Product testing of radio frequency equipment, and (ii) Testing of radio frequency equipment in an Open Area Test Site.
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Please note: The following screen shots apply to *Medical Testing* License.

Click on the third link, Medical Testing License, the following page opens up:

The screenshot shows the FCC's Office of Engineering and Technology (OET) website. The top navigation bar includes links for Search, RSS, Updates, E-Filing, Initiatives, Consumers, and Find B. The main header identifies the FCC and OET. A breadcrumb trail indicates the path: FCC > FCC E-filing > ELS > Medical Testing License. A red warning message states: "This is the UAT Version of ELS." The left sidebar contains a "Filing Options" menu with links for Form 405, Form 442, Form 702, Form 703, Special Temporary Authority, Add Attachments, Reply to Correspondence, Amend/Complete Application, Return to 159 Form, and File an Informal Objection. Below this is a "Reports" section with links for Application Status, Call Sign Search, Generic Search, and Point Radius Search. The main content area is titled "Application For New or Modified Medical Testing License" and includes a paragraph explaining the application process and a link to the experiment notification system. The "Application Purpose:" section has two radio button options: "New Medical Testing License: All New Data" and "Modification of Existing License (Specify callsign):" followed by a text input field. A link "How to file Medical Testing License" is also present. At the bottom right are "Proceed" and "Clear" buttons.

Exhibit 1-2: Application for New or Modified Medical Testing License (Form 442)

Please indicate if this is for a new program or an existing one?

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Filing Options

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Application for Medical Testing License

* - Indicates that this field must be completed before this page can be submitted.

*Applicant's FCC Registration Number (FRN):

*Applicant (Company) Name:

*Attention To:

*Street Address (if no P.O. Box):

*P.O. Box (if no Street Address):

*City:

*State (if Country is United States):

*Zip Code (if Country is United States):

*Country (if not the United States):

*E-mail Address:

Save & Continue »

Exhibit 1-3: Medical Testing License Applicant Information (Form 442)

Please complete all required fields marked by “*”

The following fields appear on the form:

Field	Definition
<u>Name of Applicant (Company):</u>	
Name of Applicant	Enter the full name of the applicant. For modification of existing licenses, this field is pre-filled.
<u>Mailing Address:</u>	
Attention:	Enter the full name of the contact person. For modification of existing licenses, this field is pre-filled.
Street Address	Enter the street address of the applicant. For modification of existing licenses, this field is pre-filled.
P.O. BOX	If a post office box is provided, enter it into this field. For modification of existing licenses, this field is pre-filled.
City	Enter the applicant's city in this field. For modification of existing licenses, this field is pre-filled.
State	Enter the applicant's state in this field. For modification of existing licenses, this field is pre-filled.
Zip/Postal Code	Enter the zip and/or postal code of the applicant in this field. For modification of existing licenses, this field is pre-filled.
Country	If the address is located outside the United States of America, select the country name in this field.
Email Address	Enter the applicant's e-mail address. The e-mail address format is as follows: name@company.ext

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Medical Testing License Questions

* - Indicates that this field must be completed before this page can be submitted.

Eligibility Questions

* Applicant affirms that they are a health care facility as defined in section 95.1103(b) of the Commission's rules

☐ Yes ☐ No

* Will this license involve clinical testing trials

☐ Yes ☐ No

* Is applicant a foreign government or a representative of a foreign government?

☐ Yes ☐ No

* APPLICANT ANTI-DRUG ABUSE CERTIFICATION:
By checking "YES", the individual applicant certifies that he or she is eligible for this license. This requires that he or she is not subject to a denial of federal benefits, including FCC benefit of a drug offense conviction pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. A non-individual applicant, eg., corporation, partnership or other unincorporated association, certifies that no party to the application is subject to a denial of federal benefits, pursuant to that section. For definition of a "party" for these purposes, see 47CFR 1.2002(b)

☐ Yes ☐ No

Save & Continue »

Last Reviewed/Updated

Exhibit 1-4: Medical Testing License Questions (Form 442) Continued

Please complete all required fields marked by “*”

Office of Engineering and Technology

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Medical Testing License Questions

* - Indicates that this field must be completed before this page can be submitted.

* Do you intend to use any of the federal exclusive and shared frequencies?

☐ Yes ☐ No

* Do you intend to operate on commercial mobile radio service (CMRS)?

☐ Yes ☐ No

* Do you intend to operate on public safety frequencies?

☐ Yes ☐ No

Give the following information of person who can best handle inquiries pertaining to this application:

* Last Name:

* First Name:

* Title:

* Phone Number:

* E-mail Address:

* Insert a short description of the purpose of this application, or for modifications describe what is being modified:

(Maximum 255 characters) You have characters left.

Exhibit 1-5: Medical Testing License Application (Form 442) Continued

Please complete all required fields marked by “*”

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Medical Testing License Certification

* - Indicates that this field must be completed before this page can be submitted.

Certification

THE APPLICANT CERTIFIES THAT:

- The radio frequency experimentation will be conducted in a defined geographic area under the applicant's control; and

THE APPLICANT FURTHER CERTIFIES THAT:

- All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge; and
- The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
- The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Authorized Party to Sign

Signature Date:

Tue Nov 08 14:57:04 EST 2016

* Signature of Applicant (Authorized person filing application):

* Title of Person Signing Application:

WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).


NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1934, as amended, and specified by Section 308 therein. The information will be used by Federal Communications Commission staff to determine eligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered by the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required to obtain this authorization.


Public reporting burden for this collection of information is estimated to average four (4) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Paperwork Management Branch, Paperwork Reduction Project (3020-NR05), Washington, DC 20554. DO NOT

Exhibit 1-6: Medical Testing License Certification Page

Please complete all required fields marked by ‘*’


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OET Home Page

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The administrative portion of the Form 442 has been submitted successfully to the OET Experimental Licensing Branch. Please WRITE DOWN and SAVE the following application file number and confirmation number for future reference:

Confirmation Number: EL842604

Application File Number: 0047-EX-MN-2016

Date of Submission: 2016-11-08 14:54:32.893

The administrative data for your application has been submitted. If, for some reason you encounter errors during the remainder of this submission and are unable to finish this application during this web session, please do not start a new application. Complete your application using either the "Amend/Complete Application" or the "Add Attachments" links.

Press this button to enter additional information.

Proceed

Below are instructions for entering technical data most efficiently.

i. Click "Proceed" after completing initial entry of the technical data to view a summary of the data submitted to this point. The "Accept" button on the bottom of this data summary screen should only be used if all the technical data is complete and correct. Otherwise, click the "Add Data/ Make Changes" button to continue editing technical data. Repeat the preceding steps until the applicant is satisfied that the data is correct.

ii. If the user later decides that technical data changes are necessary, he may use the "Amend/ Complete Application" link in the filing options.

iii. If the user has edited data from the "Amend/ Complete Application" link and chooses to edit data from the "Administrative Section," he will need to step through the technical data section to complete the application if he is completing the application for the first time and not amending an already completely submitted application. The filer should only choose the "Attachment Submission" button if there is no other data to be submitted.

Notice: This application will not be considered "complete" until the location information have been entered. Please be sure to select the "Complete Submission" button at the end of the location registration.

WARNING: ALL APPLICATIONS FILED BUT NOT COMPLETED BY THE APPLICANT, IN ACCORDANCE WITH THE ABOVE INSTRUCTIONS, WILL BE REMOVED FROM THE SYSTEM AFTER THIRTY CALENDAR DAYS.

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Miscellaneous

Exhibit 1-7: Medical Testing License Successful Submission Page

Please complete all required fields marked by ‘*’

Make sure to annotate the confirmation number and file number; print this page for your records, if desired.

The application site will guide you to enter Technical Data next.

Experimental license location information page:

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OET Home Page

FCC > FCC E-filing > ELS > Experimental License Location Information

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Experimental License Location Information

*State:

County:

*City:

*Street Address:


Click on "Refresh Map" to load map, then click on the polygon below, to draw your proposed experimental location.

Map showing the United States and surrounding regions (Canada, Mexico, Cuba, DO, BS, GT, BZ, HN, NI, CR). Scale: 1000 km, 1000 mi.



* - Indicates that this field must be completed before this page can be submitted.

Exhibit 1-8: Medical Testing License Experimental License Location Information

Please indicate the location by following the steps below:

- All fields with a * must be filled out
- After filling out all the required fields click on the "Refresh Map" button.
- Click the draw polygon button .
- Using your mouse click along the area where the license will be located at. The last click should end at the first dot/point created/clicked.

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- To edit the shape click on the edit layers button . Your shape will change color. Click on the white dot outside of the shape to expand or contract the size of the shape.
- To delete a shape click on the button with the garbage can . Next click on the shape and the shape should disappear. Click save, this will complete the deletion process.

- When you're done with this page, you should see a graph similar to the one below, outlining the proximity of location.

Exhibit 1-9: Example of completed Location Information for Medical Testing License Experimental License

When all required information is provided, and your application is completed, you'll be directed to a summary page. If all the information looks good, click on Accept. If changes are required, click on Add Data/Make Changes.

FCC > FCC E-filing > ELS > Medical Testing License

FCC Site Map

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Summary for the Medical Testing License with File Number 0053-EX-MN-2016 and Confirmation Number EL274348

Application for Medical Testing License

Applicant's FCC Registration Number (FRN): 0001785260

Applicant (Company) Name:

William Shatner And Pals

Attention To:

William Shatner

Street Address:

822 Follin Lane

P.O. Box:

City:

Vienna

State:

Virginia

Zip Code:

22180

Country (If not the United States):

US

E-mail Address:

Shatner@Noemail.com

Eligibility Questions

Applicant affirms that they are a health care facility as defined in section 95.1103(b) of the Commission 's rules YES

Will this license involve clinical testing trials YES

Is applicant a foreign government or a representative of a foreign government? NO

Drug Abuse Question

APPLICANT ANTI-DRUG ABUSE CERTIFICATION: By checking "YES", the individual applicant certifies that he or she is eligible for this license. This requires that he or she is not subject to a denial of federal benefits, including FCC benefits, as a result of a drug offense conviction pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C 862. A non-individual applicant, eg., corporation, partnership or other unincorporated association, certifies that no party to the application is subject to a denial of federal benefits, pursuant to that section. For definition of a "party" for these purposes, see 47CFR 1.2002(b).

YES

Exhibit 1-10: Summary page for Medical Testing License submission

party to the application is subject to a denial of federal benefits, pursuant to that section. For definition of a "party" for these purposes, see 47CFR 1.2002(b).
YES

Medical Testing License Questions

Do you intend to use any of the federal exclusive and shared frequencies? YES

Do you intend to operate on commercial mobile radio service (CMRS)? YES

Do you intend to operate on public safety frequencies? YES

Give the following information of person who can best handle inquiries pertaining to this application:

Last Name: Shatner

First Name: William

Title: Chief Medical Officer

Phone Number: 7035551212

E-mail Address: Shatner@Noemail.com

Insert a short description of the purpose of this application, or for modifications describe what is being modified.

Narrative Comment: Testing new bulleted version

Certification

THE APPLICANT CERTIFIES THAT:

- The radio frequency experimentation will be conducted in a defined geographic area under the applicant's control; and

THE APPLICANT FURTHER CERTIFIES THAT:

- All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge; and
- The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
- The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Authorized Party to Sign

Signature Date:

2016-11-28 09:24:11.063

Exhibit 1-11: Summary page for Medical Testing License submission (Continued)

Authorized Party to Sign

Signature Date: 2016-11-28 09:24:11.063
Signature of Applicant (Authorized person filing application): William D Shatner
Title of Person Signing Application: Chief Medical Officer

WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1934, as amended, and specified by Section 308 therein. The information will be used by Federal Communications Commission staff to determine eligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered by the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required to obtain this authorization.

Public reporting burden for this collection of information is estimated to average four (4) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0065), Washington DC 20554. DO NOT send completed applications to this address. Individuals are not required to respond to this collection unless it displays a currently valid OMD control number.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507

Location Information

State: Virginia
County:
City: Vienna
Street Address: 822 Follin Lane
Approximate Center of Operation
North Latitude: 38 ° 54 ' 22 "
West Longitude: 77 ° 14 ' 59 "

Accept

Add Data/Make Changes

Exhibit 1-12: Summary page for Medical Testing License submission (Continued)

On the next page, you may add any additional supporting documents. For detailed instructions, select "Click Here for Attachment Submission Instructions".

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[FCC > E-File > ELS > Submit ELS Attachment](#)

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Submit ELS Attachments

NOTICE: Please be sure the following exhibits have already been submitted:
[Click Here For Attachment Submission Instructions](#)

Applicant Eligibility: Criteria set forth in Part 5 subpart F of Commission Rules

Description: *
Exhibit Type: *
File Format: *
File Location: * No file selected.

* - This field is required.

Filing Options

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Please send any comments or suggestions for this site to [ELB Systems and Support](#)

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445 12th Street, SW
Washington, DC 20554
[More FCC Contact Information...](#)

Phone: 888-CALL-FCC (225-5322)
TTY: 888-TELL-FCC (835-5322)
Fax: 202-418-0232
E-mail: fccinfo@fcc.gov

Exhibit 1-13: Medical Testing License Submit ELS Attachments

When submitted successfully, you'll see the following type of message:

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FCC > FCC E-filing > ELS > ELS Set Attachment

OET Home Page

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This is the UAT Version of ELS.

In order to complete this process the **Complete Submission** button must be clicked.

Complete Submission

Add More Attachments

Upload Status	File Size (bytes)	File Description	File Format
Success	22010	Providing more details	Jpeg

Exhibit 1-14: Medical Testing License - ELS Attachments Successfully Submitted

When you're ready to submit required fees, click on Complete Submission and you'll receive the following message, and be directed to the appropriate page.

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- Point Radius Search

This is the UAT Version of ELS.

In order to complete this process the **Complete Submission** button must be clicked.

Complete Submission

Do not use this feature if you have already paid for this application. Press OK to proceed to the Form 159, even if you are fee-exempt and have not previously proceeded to the Form 159. If you have already paid, or are fee-exempt and have previously completed submission of this application, press Cancel to indicate you have completed this filing.

OK Cancel

Exhibit 1-15: Last Step: Submit Payment for Medical Testing License